THE AUDIT

SELF TEST

Question #1

How often do you have a drink containing alcohol?

	SCORE
❑Never	0
❑Monthly or Less	1
❑2 to 4 times per month	2
❑2 to 3 times per week	3
❑4 or more times a week	4

Question #2

How many drinks containing alcohol do you have on a typical day when you are drinking?

	SCORE
❑ 1 or 2.....	0
❑ 3 or 4.....	1
❑ 5 or 6.....	2
❑ 7 to 9.....	3
❑ 10 or more.....	4

Question #3

How often do you have six or more drinks on one occasion?

	SCORE
❑ Never……	0
❑ Less than monthly……	1
❑ Monthly……	2
❑ 2 to 3 times per week……	3
❑ 4 or more times a week……	4

Question #4

How often during the last year have you found that you were not able to stop drinking once you had started?

	SCORE
❑Never.....	0
❑Less than monthly.....	1
❑Monthly.....	2
❑2 to 3 times per week.....	3
❑4 or more times a week.....	4

Question #5

How often during the last year have you failed to do what was normally expected from you because of drinking?

SCORE

- Never..... 0
- Less than monthly..... 1
- Monthly..... 2
- 2 to 3 times per week..... 3
- 4 or more times a week..... 4

Question #6

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

SCORE

- Never.....0
- Less than monthly..... 1
- Monthly..... 2
- 2 to 3 times per week..... 3
- 4 or more times a week..... 4

Question #7

How often during the last year have you had a feeling of guilt or remorse after drinking?

SCORE

- Never.....0
- Less than monthly..... 1
- Monthly..... 2
- 2 to 3 times per week..... 3
- 4 or more times a week..... 4

Question #8

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

SCORE

- Never.....0
- Less than monthly..... 1
- Monthly..... 2
- 2 to 3 times per week.....3
- 4 or more times a week..... 4

Question #9

Have you or someone else been injured as a result of your drinking?

SCORE

- ❑ No..... 0
- ❑ Yes, but not in the last year..... 2
- ❑ Yes, during the last year..... 4

Question #10

Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?

SCORE

- ❑ No..... 0
- ❑ Yes, but not in the last year..... 2
- ❑ Yes, during the last year..... 4

Overall Score

If you scored a “0” then you are a non-drinker and probably wondering why you had to sit in class.

Overall Score

If you scored between “1” and “7” then you are probably just a social drinker who drinks occasionally and responsibly.

Overall Score

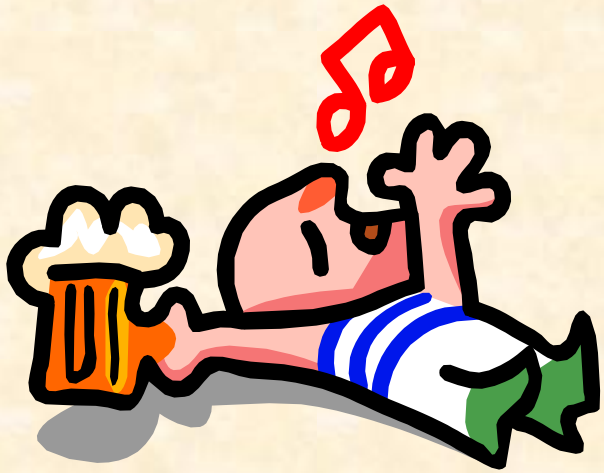
If you scored between “8” and “40”:

You are exhibiting some high risk drinking behaviors and may want to take a closer look at your drinking patterns and any effects your drinking is having on your:

- **Relationships**
- **Work**
- **Finances**
- **Legal**

Overall Score

If you scored greater than “40”, then you either need to take a math class or you are drunk right now!



The AUDIT

Designed by the World Health Organization

- Screening Tool
- Identify Hazardous or harmful drinking behaviors

Army Statistics

- **Audit results indicate that 31% of all Soldiers surveyed exhibit high risk drinking behaviors.**
- **72.5 % of all Soldiers screened and enrolled by the ASAP for a substance abuse problems are enrolled in treatment for Alcohol not drugs.**
- **The Army enrolls over 2,000 Soldiers in treatment for alcohol abuse after they receive a DWI/DUI each year.**

Army Statistics

- **The last DoD Health Survey indicated:**
  - **Soldiers abuse alcohol more than Sailors or Airman.**
  - **10.3% of Soldiers experience serious consequences such as article 15s, DUIs, injuries, or divorce, etc due to their drinking.**
  - **16% of Soldiers experience productivity loss at work such as being late, accidents, illness, or performing below standards due to alcohol use.**

Remember your WARRIOR

Personal Courage

Respect

Integrity

Duty

Excellence

Summary

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